

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Donald A. Sargent et al.

Application No.: 10/633,349

Group No.: 1744

Confirmation No.: 3719

Filed: August 1, 2003

Examiner: Monzer R. Chorbaji

For: METHOD AND DEVICE FOR DEACTIVATING ITEMS AND FOR
MAINTAINING SUCH ITEMS IN A DEACTIVATED STATE

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
1744**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	
TOTAL	22	MINUS	31	= 0	x	\$ 50.00	= \$	0.00
INDEP	4	MINUS	6	= 0	x	\$ 200.00	= \$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+	\$ 0.00	= \$	0.00
TOTAL							\$	0.00
ADDIT. FEE								

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.


No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge **Deposit Account No. 50-0537**.
 If any additional fee for claims is required, charge **Deposit Account No. 50-0537**.

Date: December 5, 2006

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 Signature of Practitioner
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